

6d. Fax Number (920) 739-1522

6e. E-mail Address cfisher@e-clipsenet.com

**Block 2: Summary Description of Needs or Services Requested****7 This Form 470 describes (check all that apply):**

a. ☐ Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.

b. ☐ Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.

c. ☐ Services for which a new written contract is sought for the funding year in Item 2.

d. ☐ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.

**NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract do NOT require filing of a Form 470.**

**What kinds of service are you seeking: Telecommunications Services, Internet Access, or Internal Connections? Refer to the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples. Check the relevant category or categories (8, 9, and/or 10 below), and answer the questions in each category you select.**

**8 ☐ Telecommunications Services**

**Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

a. ☐ YES, I have an RFP. It is available on the Web at or via (check one):

☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b. ☐ NO, I do not have an RFP for these services.

If you answered NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Telecommunications Services. Remember that only eligible telecommunications providers can provide these services under the universal service support mechanism. Add additional lines if needed.

Service or Function:	Quantity and/or Capacity:
Local / Basic Telephone Service	180 Existing Lines
Cellular Service	10 Existing Lines
Long Distance Service	on all Existing Lines
WAN Service	8 Leased T1 Lines Connecting Buildings

**9 ☐ Internet Access**

**Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

a. ☐ YES, I have an RFP. It is available on the Web at or via (check one):

☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b. ☐ NO, I do not have an RFP for these services.

If you answered NO, you must list below the Internet Access Services you seek. Specify each service or function (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internet Access services. Add additional lines if needed.

Service or Function:	Quantity and/or Capacity:
Unbundled Internet Access	for 3700 Students

**10 ☐ Internal Connections****Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

a ☐ **YES**, I have an RFP. It is available on the Web at or via (check one):  
☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☐ **NO**, I do not have an RFP for these services.

If you answered **NO**, you must list below the Internal Connections Services you seek. Specify each service or function (e.g., local area network) and quantity and/or capacity (e.g., connecting 10 rooms and 300 computers at 56kbps or better). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internal Connections services. Add additional lines if needed.

**11 (Optional)** Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.

Name:

Title:

Telephone number

()-

Fax number

()-

E-mail Address

**12. ☐** Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or provide Web address where they are posted and a contact name and telephone number for service providers without Internet access.

**13. If you intend to enter into a multi-year contract based on this posting or a contract featuring an option for voluntary extensions you may provide that information below. If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely timeframes).**

**Block 3: Technology Assessment**

**14. ☐ Basic telephone service only:** If your application is for basic local and long distance telephone service (wireline or wireless) only, check this box and skip to Item 16.

**15.** Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is **ONLY** for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

a. Desktop communications software: Software required ☐ has been purchased; and/or ☐ is being sought.

b. Electrical systems: ☐ adequate electrical capacity is in place or has already been arranged; and/or ☐ upgrading for additional electrical capacity is being sought.

c. Computers: a sufficient quantity of computers ☐ has been purchased; and/or ☐ is being sought.

d. Computer hardware maintenance: adequate arrangements ☐ have been made; and/or ☐ are being sought.

e. Staff development: ☐ all staff have had an appropriate level of training /additional training has already been scheduled; and/or ☐ training is being sought.

f. Additional details: Use this space to provide additional details to help providers to identify the services you desire.

### Block 4: Recipients of Service

**16. Eligible Entities That Will Receive Services:**

Check the ONE choice (a,b or c) that best describes this application and the eligible entities that will receive the services described in this application. You will then list in Item 17 the entity/entities that will pay the bills for these services.

a. ☐ Individual school or single-site library.

b. ☐ Statewide application for (enter 2-letter state code) representing (check all that apply):

- ☐ All public schools/districts in the state:  
☐ All non-public schools in the state:  
☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

c. ☐ School district, library system, or consortium application to serve multiple eligible entities:

<b>Number of eligible entities</b>	6
<i>For these eligible sites, please provide the following</i>	
<b>Area Codes</b> (list each unique area code)	<b>Prefixes associated with each area code</b> (first 3 digits of phone number) separate with commas, leave no spaces
262	253
If your application includes INELIGIBLE entities, check here. <input type="checkbox"/> If checked, complete Item 18.	

**17. Billed Entities**

List the entity/entities that will be paying the bills directly to the provider for the services requested in this application. These are known as Billed Entities. At least one line of this item must be completed. Attach additional sheets if necessary.

Entity Number	Entity
132728	GERMANTOWN SCHOOL DISTRICT

**18. Ineligible Participating Entities**

Does your application also seek bids on services to entities that are not eligible for the Universal Service Program? If so, list those entities here (attach pages if needed):

Ineligible Participating Entity	Area Code	Prefix
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### Block 5: Certification

**19. The applicant includes:(Check one or both)**

- a. ☐ schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges and universities).

**20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:**

- a. ☐ individual technology plans for using the services requested in the application, and/or
- b. ☐ higher-level technology plans for using the services requested in the application, or
- c. ☐ no technology plan needed; application requests basic local and/or long distance telephone service only.

**21. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):**

- a. ☐ technology plan(s) has/have been approved by a state or other authorized body.
- b. ☐ technology plan(s) will be approved by a state or other authorized body.
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

22. ☐ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

23. ☐ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24. ☐ I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25. Signature of authorized person: ☐

26. Date (mm/dd/yyyy):

27. Printed name of authorized person: Craig Fisher

28. Title or position of authorized person: Erate Technology Consultant

29a. Address of authorized person: N9109 NOE RD  
City: APPLETON State: WI Zip: 54915

29b. Telephone number of authorized person: (920) 217 - 5983

29c. Fax number of authorized person: (920) 7391522

29d. E-mail address number of authorized person: cfisher@e-clipsenet.com

**Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.**

Service provider involvement with preparation or certification of a Form 470 can inhibit the competitive bidding process and result in the denial of funding requests. For more information, refer to the "Service Provider Role in Assisting Customers" at [www.sl.universalservice.org/vendor/manual/chapter5.doc](http://www.sl.universalservice.org/vendor/manual/chapter5.doc) or call the Client Service Bureau at 1-888-203-8100.

**NOTICE:** Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Description of Services Requested and Certification Form (FCC Form 470) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, information provided in or submitted with this form or in response to subsequent inquiries may also be subject to disclosure consistent with the Communications Act of 1934, FCC regulations, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law.

If you owe a past due debt to the federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 470  
P.O. Box 7026  
Lawrence, Kansas 66044-7026  
1-888-203-8100**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 470  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
1-888-203-8100**

FCC Form 470  
May 2003

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# Schools and Libraries Universal Service Program Services Ordered and Certification Form 471 Application Display

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## Block 1: Billed Entity Information

Applicant's Form Identifier:

471GermSdY8b

471 Application Number: 488530

Funding Year: 07/01/2005 -

06/30/2006

Billed Entity Number:

132728

Cert. Postmark Date:

Form Status: INCOMPLETE

RAL Date:

Out of Window Letter Date:

Name: GERMANTOWN SCHOOL DISTRICT

Address: N104W13840 DONGES BAY RD

City: GERMANTOWN State: WI Zip: 53022 4430

Phone: 414-253-3904 Ext:

Fax: 414-251-6999

Contact Name: Craig Fisher

Address: N9109 NOE RD

City: APPLETON State: WI Zip: 54915

Contact Phone: 920-217-5983 Ext:

Contact Fax: 920-739-1522 Ext:

E-mail: cfisher@e-clipsenet.com

Contact Mode: EMAIL

Alternate Contact Info.: SAME

Type of Application: SCHOOL DISTRICT

Ineligible Orgs: N

## Block 2: Impact of Services Ordered on Schools

Number of students to be served: 3716

SERVICE DESCRIPTION	BEFORE ORDER	AFTER ORDER
b Telephone service: Number of classrooms with phone service	228	228
d Direct broadband services: Number of buildings served at the following speeds:		
Less than 10 mbps	7	7
e Direct connections to the Internet: Number of drops	1	1
f Number of classrooms with Internet access	228	228
g Number of computers or other devices with Internet access	1000	1000

## Block 3: Impact of Services Ordered on Libraries

## NOT APPLICABLE AS THIS APPLICATION IS FOR DISTRICT

## Block 4: Worksheets

Worksheet A No: 713930

Student Count: 3716

Weighted Product (Sum. Column 8): 1486.4

Shared Discount: 40%

1. School Name: AMY BELLE ELEMENTARY SCHOOL  
2. Entity Number: 60423 NCES: 55 05160 00549  
3. Rural/Urban: Urban  
4. Student Count: 321 5. NSLP Students: 22 6. NSLP Students/Students: 6.853%  
7. Discount: 40% 8. Weighted Product: 128.4  
9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: COUNTY LINE ELEMENTARY SCHOOL  
2. Entity Number: 60441 NCES: 55 05160 00550  
3. Rural/Urban: Urban  
4. Student Count: 533 5. NSLP Students: 37 6. NSLP Students/Students: 6.941%  
7. Discount: 40% 8. Weighted Product: 213.2  
9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: GERMANTOWN HIGH SCHOOL  
2. Entity Number: 60439 NCES: 55 05160 00557  
3. Rural/Urban: Urban  
4. Student Count: 1295 5. NSLP Students: 55 6. NSLP Students/Students: 4.247%  
7. Discount: 40% 8. Weighted Product: 518  
9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: KENNEDY MIDDLE SCHOOL  
2. Entity Number: 60438 NCES: 55 05160 00554  
3. Rural/Urban: Urban  
4. Student Count: 862 5. NSLP Students: 62 6. NSLP Students/Students: 7.192%  
7. Discount: 40% 8. Weighted Product: 344.8  
9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: MACARTHUR ELEMENTARY SCHOOL  
2. Entity Number: 60440 NCES: 55 05160 00555  
3. Rural/Urban: Urban  
4. Student Count: 392 5. NSLP Students: 21 6. NSLP Students/Students: 5.357%  
7. Discount: 40% 8. Weighted Product: 156.8  
9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

1. School Name: ROCKFIELD ELEMENTARY SCHOOL  
2. Entity Number: 60436 NCES: 55 05160 00556  
3. Rural/Urban: Urban  
4. Student Count: 313 5. NSLP Students: 21 6. NSLP Students/Students: 6.709%  
7. Discount: 40% 8. Weighted Product: 125.2  
9. Pre-K/Adult Ed/Juv: N 10. Alt Disc Mech: N

**Block 5: Discount Funding Request(s)**

FRN: 1354587 FCDL Date:	
10. Original FRN:	
11. Category of Service: Internet Access	12. 470 Application Number: 808840000540775
13. SPIN: 143010363	14. Service Provider Name: Ticomix Inc
15a. Non-Contracted tariffed/Month to Month Service:	15b. Contract Number: MTM
15c. Covered under State Master Contract:	15d. FRN from Previous Year:
16a. Billing Account Number: Germantown School District	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 03/24/2005	18. Contract Award Date:
19a. Service Start Date: 07/01/2005	19b. Service End Date: 06/30/2006
20. Contract Expiration Date:	
21. Attachment #: Ticomix1	22. Block 4 Worksheet No.: 713930
23a. Monthly Charges: \$450.00	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$450.00	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$5,400.00	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$0.00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$5,400.00	
23j. % discount (from Block 4): 40	
23k. Funding Commitment Request ( 23i x 23j): \$2,160.00	

FRN: 1354588 FCDL Date:	
10. Original FRN:	
11. Category of Service: Telecommunications Service	12. 470 Application Number: 808840000540775
13. SPIN: 143001856	14. Service Provider Name: SBC Wisconsin
15a. Non-Contracted tariffed/Month to Month Service:	15b. Contract Number: T
15c. Covered under State Master Contract:	15d. FRN from Previous Year:
16a. Billing Account Number: 26225339492344	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 03/24/2005	18. Contract Award Date:
19a. Service Start Date: 07/01/2005	19b. Service End Date: 06/30/2006
20. Contract Expiration Date:	
21. Attachment #: SBC1	22. Block 4 Worksheet No.: 713930
23a. Monthly Charges: \$2,535.37	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$2,535.37	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$30,424.44	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$0.00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$30,424.44	
23j. % discount (from Block 4): 40	
23k. Funding Commitment Request ( 23i x 23j): \$12,169.78	



<b>FRN: 1354589 FCDL Date:</b>	
<b>10. Original FRN:</b>	
<b>11. Category of Service:</b> Telecommunications Service	<b>12. 470 Application Number:</b> 808840000540775
<b>13. SPIN:</b> 143001856	<b>14. Service Provider Name:</b> SBC Wisconsin
<b>15a. Non-Contracted tariffed/Month to Month Service:</b>	<b>15b. Contract Number:</b> T
<b>15c. Covered under State Master Contract:</b>	<b>15d. FRN from Previous Year:</b>
<b>16a. Billing Account Number:</b> 26250271001961	<b>16b. Multiple Billing Account Numbers?:</b>
<b>17. Allowable Contract Date:</b> 03/24/2005	<b>18. Contract Award Date:</b>
<b>19a. Service Start Date:</b> 07/01/2005	<b>19b. Service End Date:</b> 06/30/2006
<b>20. Contract Expiration Date:</b>	
<b>21. Attachment #:</b> SBC2	<b>22. Block 4 Worksheet No.:</b> 713930
<b>23a. Monthly Charges:</b> \$480.00	<b>23b. Ineligible monthly amt.:</b> \$0.00
<b>23c. Eligible monthly amt.:</b> \$480.00	<b>23d. Number of months of service:</b> 12
<b>23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d):</b> \$5,760.00	
<b>23f. Annual non-recurring (one-time) charges:</b> \$0.00	<b>23g. Ineligible non-recurring amt.:</b> \$0.00
<b>23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g):</b> \$0.00	
<b>23i. Total program year pre-discount amount ( 23e + 23h):</b> \$5,760.00	
<b>23j. % discount (from Block 4):</b> 40	
<b>23k. Funding Commitment Request ( 23i x 23j):</b> \$2,304.00	

<b>FRN: 1354590 FCDL Date:</b>	
<b>10. Original FRN:</b>	
<b>11. Category of Service:</b> Telecommunications Service	<b>12. 470 Application Number:</b> 808840000540775
<b>13. SPIN:</b> 143001856	<b>14. Service Provider Name:</b> SBC Wisconsin
<b>15a. Non-Contracted tariffed/Month to Month Service:</b>	<b>15b. Contract Number:</b> T
<b>15c. Covered under State Master Contract:</b>	<b>15d. FRN from Previous Year:</b>
<b>16a. Billing Account Number:</b> 26250273001969	<b>16b. Multiple Billing Account Numbers?:</b>
<b>17. Allowable Contract Date:</b> 03/24/2005	<b>18. Contract Award Date:</b>
<b>19a. Service Start Date:</b> 07/01/2005	<b>19b. Service End Date:</b> 06/30/2006
<b>20. Contract Expiration Date:</b>	
<b>21. Attachment #:</b> SBC3	<b>22. Block 4 Worksheet No.:</b> 713930
<b>23a. Monthly Charges:</b> \$480.00	<b>23b. Ineligible monthly amt.:</b> \$0.00
<b>23c. Eligible monthly amt.:</b> \$480.00	<b>23d. Number of months of service:</b> 12
<b>23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d):</b> \$5,760.00	
<b>23f. Annual non-recurring (one-time) charges:</b> \$0.00	<b>23g. Ineligible non-recurring amt.:</b> \$0.00
<b>23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g):</b> \$0.00	
<b>23i. Total program year pre-discount amount ( 23e + 23h):</b> \$5,760.00	
<b>23j. % discount (from Block 4):</b> 40	
<b>23k. Funding Commitment Request ( 23i x 23j):</b> \$2,304.00	

FRN: 1354591 FCDL Date:	
10. Original FRN:	
11. Category of Service: Telecommunications Service	12. 470 Application Number: 808840000540775
13. SPIN: 143001856	14. Service Provider Name: SBC Wisconsin
15a. Non-Contracted tariffed/Month to Month Service:	15b. Contract Number: T
15c. Covered under State Master Contract:	15d. FRN from Previous Year:
16a. Billing Account Number: 26262819019243	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 03/24/2005	18. Contract Award Date:
19a. Service Start Date: 07/01/2005	19b. Service End Date: 06/30/2006
20. Contract Expiration Date:	
21. Attachment #: SBC4	22. Block 4 Worksheet No.: 713930
23a. Monthly Charges: \$295.50	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$295.50	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$3,546.00	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$0.00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$3,546.00	
23j. % discount (from Block 4): 40	
23k. Funding Commitment Request ( 23i x 23j): \$1,418.40	

FRN: 1354592 FCDL Date:	
10. Original FRN:	
11. Category of Service: Telecommunications Service	12. 470 Application Number: 808840000540775
13. SPIN: 143001856	14. Service Provider Name: SBC Wisconsin
15a. Non-Contracted tariffed/Month to Month Service:	15b. Contract Number: T
15c. Covered under State Master Contract:	15d. FRN from Previous Year:
16a. Billing Account Number: 26225302112341	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 03/24/2005	18. Contract Award Date:
19a. Service Start Date: 07/01/2005	19b. Service End Date: 06/30/2006
20. Contract Expiration Date:	
21. Attachment #: SBC5	22. Block 4 Worksheet No.: 713930
23a. Monthly Charges: \$292.51	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$292.51	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$3,510.12	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$0.00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$3,510.12	
23j. % discount (from Block 4): 40	
23k. Funding Commitment Request ( 23i x 23j): \$1,404.05	

FRN: 1354593 FCDL Date:	
10. Original FRN:	

<b>11. Category of Service:</b> Telecommunications Service		<b>12. 470 Application Number:</b> 808840000540775	
<b>13. SPIN:</b> 143001856		<b>14. Service Provider Name:</b> SBC Wisconsin	
<b>15a. Non-Contracted tariffed/Month to Month Service:</b>		<b>15b. Contract Number:</b> T	
<b>15c. Covered under State Master Contract:</b>		<b>15d. FRN from Previous Year:</b>	
<b>16a. Billing Account Number:</b> 26262841002050		<b>16b. Multiple Billing Account Numbers?:</b>	
<b>17. Allowable Contract Date:</b> 03/24/2005		<b>18. Contract Award Date:</b>	
<b>19a. Service Start Date:</b> 07/01/2005		<b>19b. Service End Date:</b> 06/30/2006	
<b>20. Contract Expiration Date:</b>			
<b>21. Attachment #:</b> SBC6		<b>22. Block 4 Worksheet No.:</b> 713930	
<b>23a. Monthly Charges:</b> \$71.91		<b>23b. Ineligible monthly amt.:</b> \$.00	
<b>23c. Eligible monthly amt.:</b> \$71.91		<b>23d. Number of months of service:</b> 12	
<b>23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d):</b> \$862.92			
<b>23f. Annual non-recurring (one-time) charges:</b> \$.00		<b>23g. Ineligible non-recurring amt.:</b> \$.00	
<b>23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g):</b> \$0.00			
<b>23i. Total program year pre-discount amount ( 23e + 23h):</b> \$862.92			
<b>23j. % discount (from Block 4):</b> 40			
<b>23k. Funding Commitment Request ( 23i x 23j):</b> \$345.17			

<b>FRN:</b> 1354594		<b>FCDL Date:</b>	
<b>10. Original FRN:</b>			
<b>11. Category of Service:</b> Telecommunications Service		<b>12. 470 Application Number:</b> 808840000540775	
<b>13. SPIN:</b> 143001856		<b>14. Service Provider Name:</b> SBC Wisconsin	
<b>15a. Non-Contracted tariffed/Month to Month Service:</b>		<b>15b. Contract Number:</b> T	
<b>15c. Covered under State Master Contract:</b>		<b>15d. FRN from Previous Year:</b>	
<b>16a. Billing Account Number:</b> 26262811594219		<b>16b. Multiple Billing Account Numbers?:</b>	
<b>17. Allowable Contract Date:</b> 03/24/2005		<b>18. Contract Award Date:</b>	
<b>19a. Service Start Date:</b> 07/01/2005		<b>19b. Service End Date:</b> 06/30/2006	
<b>20. Contract Expiration Date:</b>			
<b>21. Attachment #:</b> SBC7		<b>22. Block 4 Worksheet No.:</b> 713930	
<b>23a. Monthly Charges:</b> \$66.93		<b>23b. Ineligible monthly amt.:</b> \$.00	
<b>23c. Eligible monthly amt.:</b> \$66.93		<b>23d. Number of months of service:</b> 12	
<b>23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d):</b> \$803.16			
<b>23f. Annual non-recurring (one-time) charges:</b> \$.00		<b>23g. Ineligible non-recurring amt.:</b> \$.00	
<b>23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g):</b> \$0.00			
<b>23i. Total program year pre-discount amount ( 23e + 23h):</b> \$803.16			
<b>23j. % discount (from Block 4):</b> 40			
<b>23k. Funding Commitment Request ( 23i x 23j):</b> \$321.26			

<b>FRN:</b> 1354595		<b>FCDL Date:</b>	
<b>10. Original FRN:</b>			
<b>11. Category of Service:</b> Telecommunications Service		<b>12. 470 Application Number:</b> 808840000540775	

13. SPIN: 143001856		14. Service Provider Name: SBC Wisconsin	
15a. Non-Contracted tariffed/Month to Month Service:		15b. Contract Number: T	
15c. Covered under State Master Contract:		15d. FRN from Previous Year:	
16a. Billing Account Number: 26262841028295		16b. Multiple Billing Account Numbers?:	
17. Allowable Contract Date: 03/24/2005		18. Contract Award Date:	
19a. Service Start Date: 07/01/2005		19b. Service End Date: 06/30/2006	
20. Contract Expiration Date:			
21. Attachment #: SBC8		22. Block 4 Worksheet No.: 713930	
23a. Monthly Charges: \$50.89		23b. Ineligible monthly amt.: \$0.00	
23c. Eligible monthly amt.: \$50.89		23d. Number of months of service: 12	
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$610.68			
23f. Annual non-recurring (one-time) charges: \$0.00		23g. Ineligible non-recurring amt.: \$0.00	
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00			
23i. Total program year pre-discount amount ( 23e + 23h): \$610.68			
23j. % discount (from Block 4): 40			
23k. Funding Commitment Request ( 23i x 23j): \$244.27			

FRN: 1354596		FCDL Date:	
10. Original FRN:			
11. Category of Service: Telecommunications Service		12. 470 Application Number: 808840000540775	
13. SPIN: 143001856		14. Service Provider Name: SBC Wisconsin	
15a. Non-Contracted tariffed/Month to Month Service:		15b. Contract Number: MTM	
15c. Covered under State Master Contract:		15d. FRN from Previous Year:	
16a. Billing Account Number: 414-S66-8130 250		16b. Multiple Billing Account Numbers?:	
17. Allowable Contract Date: 03/24/2005		18. Contract Award Date:	
19a. Service Start Date: 07/01/2005		19b. Service End Date: 06/30/2006	
20. Contract Expiration Date:			
21. Attachment #: T1SBC1		22. Block 4 Worksheet No.: 713930	
23a. Monthly Charges: \$2,273.91		23b. Ineligible monthly amt.: \$0.00	
23c. Eligible monthly amt.: \$2,273.91		23d. Number of months of service: 12	
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$27,286.92			
23f. Annual non-recurring (one-time) charges: \$0.00		23g. Ineligible non-recurring amt.: \$0.00	
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00			
23i. Total program year pre-discount amount ( 23e + 23h): \$27,286.92			
23j. % discount (from Block 4): 40			
23k. Funding Commitment Request ( 23i x 23j): \$10,914.77			

FRN: 1354597		FCDL Date:	
10. Original FRN:			
11. Category of Service: Telecommunications Service		12. 470 Application Number: 808840000540775	
13. SPIN: 143001856		14. Service Provider Name: SBC Wisconsin	
15a. Non-Contracted tariffed/Month to Month		15b. Contract Number: MTM	

<b>Service:</b>	
<b>15c. Covered under State Master Contract:</b>	<b>15d. FRN from Previous Year:</b>
<b>16a. Billing Account Number: 414 S66-4116 480</b>	<b>16b. Multiple Billing Account Numbers?:</b>
<b>17. Allowable Contract Date: 03/24/2005</b>	<b>18. Contract Award Date:</b>
<b>19a. Service Start Date: 07/01/2005</b>	<b>19b. Service End Date: 06/30/2006</b>
<b>20. Contract Expiration Date:</b>	
<b>21. Attachment #: T1SBC2</b>	<b>22. Block 4 Worksheet No.: 713930</b>
<b>23a. Monthly Charges: \$513.60</b>	<b>23b. Ineligible monthly amt.: \$0.00</b>
<b>23c. Eligible monthly amt.: \$513.60</b>	<b>23d. Number of months of service: 12</b>
<b>23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$6,163.20</b>	
<b>23f. Annual non-recurring (one-time) charges: \$0.00</b>	<b>23g. Ineligible non-recurring amt.: \$0.00</b>
<b>23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00</b>	
<b>23i. Total program year pre-discount amount ( 23e + 23h): \$6,163.20</b>	
<b>23j. % discount (from Block 4): 40</b>	
<b>23k. Funding Commitment Request ( 23i x 23j): \$2,465.28</b>	

<b>FRN: 1354598 FCDL Date:</b>	
<b>10. Original FRN:</b>	
<b>11. Category of Service: Telecommunications Service</b>	<b>12. 470 Application Number: 808840000540775</b>
<b>13. SPIN: 143001192</b>	<b>14. Service Provider Name: AT&amp;T Corp.</b>
<b>15a. Non-Contracted tariffed/Month to Month Service:</b>	<b>15b. Contract Number: MTM</b>
<b>15c. Covered under State Master Contract:</b>	<b>15d. FRN from Previous Year:</b>
<b>16a. Billing Account Number: 0531615508001</b>	<b>16b. Multiple Billing Account Numbers?:</b>
<b>17. Allowable Contract Date: 03/24/2005</b>	<b>18. Contract Award Date:</b>
<b>19a. Service Start Date: 07/01/2005</b>	<b>19b. Service End Date: 06/30/2006</b>
<b>20. Contract Expiration Date:</b>	
<b>21. Attachment #: ATT1</b>	<b>22. Block 4 Worksheet No.: 713930</b>
<b>23a. Monthly Charges: \$158.52</b>	<b>23b. Ineligible monthly amt.: \$0.00</b>
<b>23c. Eligible monthly amt.: \$158.52</b>	<b>23d. Number of months of service: 12</b>
<b>23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$1,902.24</b>	
<b>23f. Annual non-recurring (one-time) charges: \$0.00</b>	<b>23g. Ineligible non-recurring amt.: \$0.00</b>
<b>23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00</b>	
<b>23i. Total program year pre-discount amount ( 23e + 23h): \$1,902.24</b>	
<b>23j. % discount (from Block 4): 40</b>	
<b>23k. Funding Commitment Request ( 23i x 23j): \$760.90</b>	

<b>FRN: 1354599 FCDL Date:</b>	
<b>10. Original FRN:</b>	
<b>11. Category of Service: Telecommunications Service</b>	<b>12. 470 Application Number: 808840000540775</b>
<b>13. SPIN: 143001192</b>	<b>14. Service Provider Name: AT&amp;T Corp.</b>
<b>15a. Non-Contracted tariffed/Month to Month Service:</b>	<b>15b. Contract Number: MTM</b>
<b>15c. Covered under State Master Contract:</b>	<b>15d. FRN from Previous Year:</b>

16a. Billing Account Number: 0532051890001	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 03/24/2005	18. Contract Award Date:
19a. Service Start Date: 07/01/2005	19b. Service End Date: 06/30/2006
20. Contract Expiration Date:	
21. Attachment #: ATT2	22. Block 4 Worksheet No.: 713930
23a. Monthly Charges: \$87.48	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$87.48	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$1,049.76	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$0.00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$1,049.76	
23j. % discount (from Block 4): 40	
23k. Funding Commitment Request ( 23i x 23j): \$419.90	

FRN: 1354600 FCDL Date:	
10. Original FRN:	
11. Category of Service: Telecommunications Service	12. 470 Application Number: 808840000540775
13. SPIN: 143001192	14. Service Provider Name: AT&T Corp.
15a. Non-Contracted tariffed/Month to Month Service:	15b. Contract Number: MTM
15c. Covered under State Master Contract:	15d. FRN from Previous Year:
16a. Billing Account Number: 0532056006001	16b. Multiple Billing Account Numbers?:
17. Allowable Contract Date: 03/24/2005	18. Contract Award Date:
19a. Service Start Date: 07/01/2005	19b. Service End Date: 06/30/2006
20. Contract Expiration Date:	
21. Attachment #: ATT3	22. Block 4 Worksheet No.: 713930
23a. Monthly Charges: \$32.38	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$32.38	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$388.56	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$0.00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$388.56	
23j. % discount (from Block 4): 40	
23k. Funding Commitment Request ( 23i x 23j): \$155.42	

FRN: 1354601 FCDL Date:	
10. Original FRN:	
11. Category of Service: Telecommunications Service	12. 470 Application Number: 808840000540775
13. SPIN: 143000627	14. Service Provider Name: United States Cellular Operating Company (for KY 3)
15a. Non-Contracted tariffed/Month to Month Service:	15b. Contract Number: MTM
15c. Covered under State Master Contract:	15d. FRN from Previous Year:
16a. Billing Account Number: 926774381	16b. Multiple Billing Account Numbers?:
18. Contract Award Date:	

<b>17. Allowable Contract Date: 03/24/2005</b>	
<b>19a. Service Start Date: 07/01/2005</b>	<b>19b. Service End Date: 06/30/2006</b>
<b>20. Contract Expiration Date:</b>	
<b>21. Attachment #: USCellular1</b>	<b>22. Block 4 Worksheet No.: 713930</b>
<b>23a. Monthly Charges: \$223.52</b>	<b>23b. Ineligible monthly amt.: \$0.00</b>
<b>23c. Eligible monthly amt.: \$223.52</b>	<b>23d. Number of months of service: 12</b>
<b>23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$2,682.24</b>	
<b>23f. Annual non-recurring (one-time) charges: \$0.00</b>	<b>23g. Ineligible non-recurring amt.: \$0.00</b>
<b>23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00</b>	
<b>23i. Total program year pre-discount amount ( 23e + 23h): \$2,682.24</b>	
<b>23j. % discount (from Block 4): 40</b>	
<b>23k. Funding Commitment Request ( 23i x 23j): \$1,072.90</b>	

<b>FRN: 1354602 FCDL Date:</b>	
<b>10. Original FRN:</b>	
<b>11. Category of Service: Telecommunications Service</b>	<b>12. 470 Application Number: 808840000540775</b>
<b>13. SPIN: 143000627</b>	<b>14. Service Provider Name: United States Cellular Operating Company (for KY 3)</b>
<b>15a. Non-Contracted tariffed/Month to Month Service:</b>	<b>15b. Contract Number: MTM</b>
<b>15c. Covered under State Master Contract:</b>	<b>15d. FRN from Previous Year:</b>
<b>16a. Billing Account Number: 300005014</b>	<b>16b. Multiple Billing Account Numbers?:</b>
<b>17. Allowable Contract Date: 03/24/2005</b>	<b>18. Contract Award Date:</b>
<b>19a. Service Start Date: 07/01/2005</b>	<b>19b. Service End Date: 06/30/2006</b>
<b>20. Contract Expiration Date:</b>	
<b>21. Attachment #: USCellular2</b>	<b>22. Block 4 Worksheet No.: 713930</b>
<b>23a. Monthly Charges: \$42.91</b>	<b>23b. Ineligible monthly amt.: \$0.00</b>
<b>23c. Eligible monthly amt.: \$42.91</b>	<b>23d. Number of months of service: 12</b>
<b>23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$514.92</b>	
<b>23f. Annual non-recurring (one-time) charges: \$0.00</b>	<b>23g. Ineligible non-recurring amt.: \$0.00</b>
<b>23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00</b>	
<b>23i. Total program year pre-discount amount ( 23e + 23h): \$514.92</b>	
<b>23j. % discount (from Block 4): 40</b>	
<b>23k. Funding Commitment Request ( 23i x 23j): \$205.97</b>	

<b>FRN: 1354603 FCDL Date:</b>	
<b>10. Original FRN:</b>	
<b>11. Category of Service: Telecommunications Service</b>	<b>12. 470 Application Number: 808840000540775</b>
<b>13. SPIN: 143000893</b>	<b>14. Service Provider Name: Nextel</b>
<b>15a. Non-Contracted tariffed/Month to Month Service:</b>	<b>15b. Contract Number: MTM</b>
<b>15c. Covered under State Master Contract:</b>	<b>15d. FRN from Previous Year:</b>
<b>16a. Billing Account Number: 541390518</b>	<b>16b. Multiple Billing Account Numbers?:</b>
<b>17. Allowable Contract Date: 03/24/2005</b>	<b>18. Contract Award Date:</b>

<b>19a. Service Start Date:</b> 07/01/2005		<b>19b. Service End Date:</b> 06/30/2006	
<b>20. Contract Expiration Date:</b>			
<b>21. Attachment #:</b> Nextel1		<b>22. Block 4 Worksheet No.:</b> 713930	
<b>23a. Monthly Charges:</b> \$462.71		<b>23b. Ineligible monthly amt.:</b> \$.00	
<b>23c. Eligible monthly amt.:</b> \$462.71		<b>23d. Number of months of service:</b> 12	
<b>23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d):</b> \$5,552.52			
<b>23f. Annual non-recurring (one-time) charges:</b> \$.00		<b>23g. Ineligible non-recurring amt.:</b> \$.00	
<b>23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g):</b> \$0.00			
<b>23i. Total program year pre-discount amount ( 23e + 23h):</b> \$5,552.52			
<b>23j. % discount (from Block 4):</b> 40			
<b>23k. Funding Commitment Request ( 23i x 23j):</b> \$2,221.01			

<b>FRN:</b> 1354604		<b>FCDL Date:</b>	
<b>10. Original FRN:</b>			
<b>11. Category of Service:</b> Telecommunications Service		<b>12. 470 Application Number:</b> 808840000540775	
<b>13. SPIN:</b> 143000074		<b>14. Service Provider Name:</b> McLeod USA Telecommunications	
<b>15a. Non-Contracted tariffed/Month to Month Service:</b>		<b>15b. Contract Number:</b> MTM	
<b>15c. Covered under State Master Contract:</b>		<b>15d. FRN from Previous Year:</b>	
<b>16a. Billing Account Number:</b> 501510		<b>16b. Multiple Billing Account Numbers?:</b>	
<b>17. Allowable Contract Date:</b> 03/24/2005		<b>18. Contract Award Date:</b>	
<b>19a. Service Start Date:</b> 07/01/2005		<b>19b. Service End Date:</b> 06/30/2006	
<b>20. Contract Expiration Date:</b>			
<b>21. Attachment #:</b> McLeod1		<b>22. Block 4 Worksheet No.:</b> 713930	
<b>23a. Monthly Charges:</b> \$4,969.80		<b>23b. Ineligible monthly amt.:</b> \$.00	
<b>23c. Eligible monthly amt.:</b> \$4,969.80		<b>23d. Number of months of service:</b> 12	
<b>23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d):</b> \$59,637.60			
<b>23f. Annual non-recurring (one-time) charges:</b> \$.00		<b>23g. Ineligible non-recurring amt.:</b> \$.00	
<b>23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g):</b> \$0.00			
<b>23i. Total program year pre-discount amount ( 23e + 23h):</b> \$59,637.60			
<b>23j. % discount (from Block 4):</b> 40			
<b>23k. Funding Commitment Request ( 23i x 23j):</b> \$23,855.04			

<b>FRN:</b> 1354605		<b>FCDL Date:</b>	
<b>10. Original FRN:</b>			
<b>11. Category of Service:</b> Telecommunications Service		<b>12. 470 Application Number:</b> 808840000540775	
<b>13. SPIN:</b> 143000677		<b>14. Service Provider Name:</b> Verizon Wireless fka Cellco Partnership	
<b>15a. Non-Contracted tariffed/Month to Month Service:</b>		<b>15b. Contract Number:</b> MTM	
<b>15c. Covered under State Master Contract:</b>		<b>15d. FRN from Previous Year:</b>	
<b>16a. Billing Account Number:</b> 601253199		<b>16b. Multiple Billing Account Numbers?:</b>	
<b>17. Allowable Contract Date:</b> 03/24/2005		<b>18. Contract Award Date:</b>	



19a. Service Start Date: 07/01/2005		19b. Service End Date: 06/30/2006	
20. Contract Expiration Date:			
21. Attachment #: Verizon1		22. Block 4 Worksheet No.: 713930	
23a. Monthly Charges: \$40.59		23b. Ineligible monthly amt.: \$0.00	
23c. Eligible monthly amt.: \$40.59		23d. Number of months of service: 12	
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$487.08			
23f. Annual non-recurring (one-time) charges: \$0.00		23g. Ineligible non-recurring amt.: \$0.00	
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00			
23i. Total program year pre-discount amount ( 23e + 23h): \$487.08			
23j. % discount (from Block 4): 40			
23k. Funding Commitment Request ( 23i x 23j): \$194.83			

FRN: 1354606		FCDL Date:	
10. Original FRN:			
11. Category of Service: Telecommunications Service		12. 470 Application Number: 808840000540775	
13. SPIN: 143001856		14. Service Provider Name: SBC Wisconsin	
15a. Non-Contracted tariffed/Month to Month Service:		15b. Contract Number: T	
15c. Covered under State Master Contract:		15d. FRN from Previous Year:	
16a. Billing Account Number: 26252811814468		16b. Multiple Billing Account Numbers?:	
17. Allowable Contract Date: 03/24/2005		18. Contract Award Date:	
19a. Service Start Date: 07/01/2005		19b. Service End Date: 06/30/2006	
20. Contract Expiration Date:			
21. Attachment #: SBC9		22. Block 4 Worksheet No.: 713930	
23a. Monthly Charges: \$37.63		23b. Ineligible monthly amt.: \$0.00	
23c. Eligible monthly amt.: \$37.63		23d. Number of months of service: 12	
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$451.56			
23f. Annual non-recurring (one-time) charges: \$0.00		23g. Ineligible non-recurring amt.: \$0.00	
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00			
23i. Total program year pre-discount amount ( 23e + 23h): \$451.56			
23j. % discount (from Block 4): 40			
23k. Funding Commitment Request ( 23i x 23j): \$180.62			

FRN: 1354607		FCDL Date:	
10. Original FRN:			
11. Category of Service: Telecommunications Service		12. 470 Application Number: 808840000540775	
13. SPIN: 143001856		14. Service Provider Name: SBC Wisconsin	
15a. Non-Contracted tariffed/Month to Month Service:		15b. Contract Number: T	
15c. Covered under State Master Contract:		15d. FRN from Previous Year:	
16a. Billing Account Number: 26225504382012		16b. Multiple Billing Account Numbers?:	
17. Allowable Contract Date: 03/24/2005		18. Contract Award Date:	
19a. Service Start Date: 07/01/2005		19b. Service End Date: 06/30/2006	
20. Contract Expiration Date:			

21. Attachment #: SBC10	22. Block 4 Worksheet No.: 713930
23a. Monthly Charges: \$32.54	23b. Ineligible monthly amt.: \$0.00
23c. Eligible monthly amt.: \$32.54	23d. Number of months of service: 12
23e. Annual pre-discount amount for eligible recurring charges ( 23c x 23d): \$390.48	
23f. Annual non-recurring (one-time) charges: \$0.00	23g. Ineligible non-recurring amt.: \$0.00
23h. Annual pre-discount amount for eligible non-recurring charges ( 23f - 23g): \$0.00	
23i. Total program year pre-discount amount ( 23e + 23h): \$390.48	
23j. % discount (from Block 4): 40	
23k. Funding Commitment Request ( 23i x 23j): \$156.19	

### Block 6: Certifications and Signature

24. ☐ I certify that the entities listed in Block 4 of this application are eligible for support because they are:  
(check one or both)

a. ☐ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38)**, that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools including, but not limited to elementary, secondary schools, colleges, or universities

25. ☐ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a.	Total funding year pre-discount amount on this Form 471 (Add the entities from Item 23i on all Block 5 Discount Funding Requests.)	\$163,184.40
b.	Total funding commitment request amount on this Form 471 (Add the entities from Items 23K on all Block 5 Discount Funding Requests.)	\$65,273.76
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	\$97,910.64
d.	Total budgeted amount allocated to resources not eligible for E-rate support	\$0.00
e.	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	\$97,910.64
f.	<input type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Items 25e.	

26. ☐ I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and an SLD-certified technology plan approver, prior to the commencement of service. The plans are written at the following level(s):

a. ☐ an individual technology plan for using the services requested in this application; and/or

- b. ☐ higher-level technology plan(s) for using the services requested in this application; or  
c. ☐ no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.

27. ☐ I certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.

28. ☐ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.

29. ☐ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s) or any representative or agent thereof or any consultant in connection with this request for services.

30. ☐ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

31. ☐ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32. ☐ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

33. ☐ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code, 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.

34. ☐ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

35. ☐ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible companies as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1),(2).

36. ☐ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for

such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).

37. ☐ I certify that the non-discounted portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services features on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

40. Printed name of authorized person

41. Title or position of authorized person

42a. Street Address, P.O Box or Route Number

42b. Telephone number of authorized person: () -

42c. Fax number of authorized person: () -

42d. E-mail of authorized person:

42e. Name of authorized person's employer

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**Universal Service Administrative Company**  
Schools & Libraries Division

**FORM 471 RECEIPT ACKNOWLEDGMENT LETTER**  
(Funding Year 2005: 07/01/2005 - 06/30/2006)

March 11, 2005

Craig Fisher  
GERMANTOWN SCHOOL DISTRICT  
N9109 NOE RD  
APPLETON, WI 54915

Re: Form 471 Application Number: 464845  
Funding Year 2005: 07/01/2005 - 06/30/2006  
Applicant's Form Identifier: 471GermSDY8  
Billed Entity Number: 132728

This notification is an acknowledgment of receipt and successful data entry of your FCC Form 471, "Services Ordered and Certification Form," reflecting \$163,184.40 in total program year pre-discount costs for services. This letter confirms that the Form 471 and signed or electronically certified Form 471 Certification have been received. Please note that the later of these Form 471 application materials was postmarked or received by the Schools and Libraries Division (SLD) on 02/14/2005. Your application will be considered within the Form 471 application filing window wherein all applications that meet the Minimum Processing Standards are treated as though they were received on the same day. It is important that you retain this Form 471 Receipt Acknowledgment Letter (RAL) for your records.

While the Item 21 Attachments are not a window filing requirement, you are encouraged to send them as soon as possible, if you have not already done so. You may send your Item 21 Attachments via e-mail, fax or mail. (See "Item 21 Attachments For Form 471" posted in the Reference Area of the SLD section of the USAC web site at [www.sl.universalservice.org](http://www.sl.universalservice.org).)

NOTE: Item 25 on the Form 471 is a certification that you have secured access to the resources necessary to pay for (1) the non-discount portion of the costs for eligible services within the funding year, as well as (2) the ineligible products and services necessary to make effective use of the eligible services you have requested. "Secured access" means that you can show that these funds are, or will be, part of your annual budget; or, if you are obtaining the funds from an outside revenue source, that these funds have been acquired or committed. IF YOU OBTAIN THESE FUNDS FROM AN OUTSIDE SOURCE, THE FUNDS MUST NOT COME DIRECTLY OR INDIRECTLY FROM YOUR SERVICE PROVIDER(S). YOUR SERVICE PROVIDER(S) MAY NOT WAIVE THE NON-DISCOUNT PORTION OF THE COSTS.

THIS LETTER DOES NOT CONTAIN ANY DECISIONS CONCERNING YOUR REQUESTS FOR DISCOUNTS. NOTE, HOWEVER, THE THREE-WEEK RESPONSE DEADLINE DESCRIBED BELOW.

It is important that you keep the Form 471 Application Number cited above for future communications with the SLD. Our Program Integrity Assurance (PIA) Team will now review your application for compliance with program rules. Once the review of your application has been completed, you will receive one or more Funding Commitment Decision Letters (FCDLs) to inform you of our decisions on your Funding Requests. You cannot assume that USAC will approve the discounts for which you are applying before an FCDL is issued.

FCC rules require you to retain documentation showing that you have complied with all statutes and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts. (See 47 C.F.R. 54 Secs. 504-516.) You must retain all required documents for a period of at least five years after the last day of service delivered. A descriptive list

illustrating documents that service providers and beneficiaries must retain is included in the Form 471 Instructions. All documents used during the competitive bidding process, including correspondence between the beneficiary and prospective bidders regarding the products and service sought and all bids submitted - winning and losing - must be retained.

#### ALLOWABLE CORRECTIONS USING THE RAL (ACT WITHIN THREE WEEKS!)

If you find data entry errors on this letter, or you previously identified errors on your Form 471, certain of these errors can be corrected using this Form 471 RAL.

- You MUST, at a minimum, include the signature, printed name and official title of either the contact person on this letter or the authorized person on the Form 471.
- Requests should be received or postmarked within three weeks of the date on this letter.

If any of the required information is missing or the request is late, the request may be not processed, but may will be included in the review of the form.

Examples of ALLOWABLE CORRECTIONS are:

- A. CORRECTIONS TO BLOCK 1 INFORMATION: You may correct Block 1 items such as the contact person's name, street address, etc.
- B. CORRECTIONS TO BLOCK 4 INFORMATION: While the RAL does not contain Block 4 Worksheet information, you may check this information on our web site. (See the last paragraph in this letter for instructions on displaying application data.) You may correct an entity listed on a Block 4 Worksheet. You may also provide or correct a National Center for Education Statistics (NCES) or Federal-State Cooperative System (FSCS) code. If needed, include an additional page from a blank Form 471 Block 4 Worksheet with ALL columns completed. If the Form 471 has multiple worksheets, be sure to indicate the worksheet number(s) for which you are requesting the entity correction(s) be made. The Item 21 Attachment must substantiate corrections to Block 4. (See the FCC Order DA 02-90, released January 14, 2002.)

NOTE: If a Block 4 correction will lead to a decrease in the original discount percentage requested, the correction will be processed. This revised calculation will become the new discount percentage for the worksheet and for any Block 5 Discount Funding Requests that reference the worksheet.

If a Block 4 correction would lead to an increase in the discount percentage requested, the original discount percentage will continue to be the discount percentage for the worksheet and for any Block 5 Discount Funding Requests that reference the worksheet.

- C. REDUCTIONS TO BLOCK 5 DISCOUNT FUNDING REQUESTS: You may request reductions to Block 5 Discount Funding Requests except for those that would increase your discount percentage due to a change in recipients of that Block 5 service. You may wish to reduce requests if you:
  - will not be able to make use of services for which you requested discounts for the funding year, or
  - based your Discount Funding Request(s) for tariffed or month-to-month service on a projected rate increase that is now known to be much smaller than expected.
- D. CANCELLATIONS OF BLOCK 5 DISCOUNT FUNDING REQUESTS: You may wish to cancel Block 5 Discount Funding Requests if you:
  - duplicated pending requests in Forms 471 for prior funding years where you had not received an ECDL before the close of the Form 471 application filing window, or
  - will not be able to make use of services for which you requested discounts for the funding year.

Reduction and cancellation requests are not subject to the three-week deadline.

The SLD encourages applicants who know that they will not use all of the amounts requested to notify the SLD of an appropriate reduction to or cancellation of these Discount Funding Requests. This action would allow the SLD to distribute the amounts that are available for the funding year more effectively.

- E. UNBUNDLING AN FRN: You may request to "split" or "unbundle" an incorrectly combined Funding Request Number (FRN) with two or more services from different service providers (for example, local phone service from one company and long distance

service from another for which you receive separate bills), or from different eligible service categories (such as Internal Connections Other than Basic Maintenance and Basic Maintenance of Internal Connections).

NOTE: The total dollar amount represented by the newly divided FRNs must not exceed the amount you requested for the original combined FRN.

To split or unbundle an incorrectly combined FRN, draw a line through the original combined FRN on the photocopy of your RAL. Then write in the SPIN, Service Provider Name, Services Ordered category, Total Program Year Pre-Discount \$ Amount, and Discount Percentage for each distinct service you have now "unbundled," making sure that the total dollars requested add up to no more than the ORIGINAL request.

- F. CORRECTION OF AN INTERIM SPIN (143999999) OR INCORRECT SPIN: Corrective SPIN Changes are allowed. These include corrections because
- the service provider did not have an assigned SPIN, or
  - there was a data entry error by the applicant or the SLD, or
  - the company has merged with or been acquired by another company, or
  - other instances when the SPIN indicated on the Form 471 changed when the applicant did not initiate such a change.

Requests to change service providers for other reasons - Operational SPIN Changes - are not allowed prior to commitment.

- G. CORRECTION OF AN INCORRECT SITE IDENTIFIER: You may correct the site identifier, which is the Entity Number of the recipient of a site-specific service from Block 5, Item 22a of the Form 471. (See Item B. above for correcting a site identifier on a shared service.) The Item 21 Attachment must substantiate the correction to the site identifier. (See the FCC Order DA 02-90, released January 14, 2002.)

NOTE: If a site identifier correction will lead to a decrease in the original discount percentage requested, it will be processed. The revised calculation will become the new discount percentage for the Funding Request.

If a site identifier correction will lead to an increase in the discount percentage requested, the original discount percentage will continue to be the discount percentage for any Block 5 Funding Requests that reference the worksheet.

- H. CORRECTION OF AN INCORRECT BUDGET CALCULATION: You may correct the data you provided in Block 6, Item 25d for the total budgeted amount allocated to resources not eligible for E-rate support. (See the last paragraph in this letter for instructions on displaying application data.)

Note that these corrections should be RECEIVED OR POSTMARKED within three weeks of the date of this letter. Follow these simple steps to make corrections:

1. Photocopy your RAL.
2. Draw a line through each incorrect item, and mark clearly next to it what the correct information should be.
3. Provide the name of the contact person and the contact person's e-mail address, fax number, or telephone number on the first page of the RAL copy that will be sent to the SLD so that we can contact you if we have questions about your requested changes.
4. Make a photocopy of your marked-up letter to keep for your files.
5. Sign your letter.
6. Send your marked-up letter so that it is received or postmarked within three weeks of the date of this RAL. Corrections may also be filed electronically, either by e-mail or by fax. Requests submitted by e-mail or fax will be considered filed on a business day if they are received at the SLD at any time up to 12:00 a.m. (midnight) ET.

To send your marked-up letter and any additional pages by US Postal Service or other carrier, mail to:

Data Entry Corrections  
Schools and Libraries Division  
Box 125 - Correspondence Unit  
80 South Jefferson Road  
Whippany, NJ 07981

To send your marked-up letter and any additional pages by e-mail, use the "Submit a Question" feature on the SLD web site at [www.sl.universalservice.org](http://www.sl.universalservice.org). Follow the online instructions for help on submitting attachments.

NOTE: To be filed by e-mail, your marked-up letter should be scanned (TIF file format is preferred). Total file size of the e-mail message must be less than 10 Megabytes. The SLD will automatically reply to incoming e-mails to confirm receipt.

To send your marked-up letter and any additional pages by fax, fax to:

(973) 599-6526

7. Allowable corrections received in a timely fashion will be reflected in your FCDL. We will not make corrections that do not fall into the categories defined as Allowable Corrections above. Please note that, except for the automated e-mail response, the SLD will not advise you that we have received your "change request."
8. Please notify your service provider of any corrections to the RAL that you submit to the SLD. Your service provider has also received a copy of the original RAL. This correction will help your service provider keep your records updated.

#### MISSING FUNDING REQUESTS

If information about a particular Block 5 Discount Funding Request is not included in the itemized list of Block 5 FRNs reported in the attached "Form 471 RAL Funding Requests Report", this is because the FRN did not pass Minimum Processing Standards. If this is the case, you will receive a separate letter from the SLD explaining the reason for rejection. If you believe that there were FRNs included in your Form 471 that are not listed in this letter AND you do not receive a letter informing you that those FRNs are rejected, please contact us using the e-mail, fax or mail instructions found earlier in this letter. Label your communication "QUESTIONS ABOUT RAL". Please note that the SLD Client Service Bureau may not have the information necessary to respond to your inquiry; therefore, your letter should be sent as described above for a RAL correction.

#### FUTURE CONTACTS WITH PROGRAM INTEGRITY ASSURANCE (PIA)

It may be important for us to contact you as our PIA Team reviews the funding requests contained in your Form 471. Our requests for clarification and/or additional documentation will require a prompt response to permit us to process as many applications as possible before the start of the Funding Year. The due date for such responses will be established at the time that the PIA Team contacts you. Please make sure that the contact person on your application is available to speak with the PIA Team, or that a surrogate is available. In addition, you should monitor on a daily basis the fax and e-mail locations that you cited in your Form 471 for the contact person.

#### COMMUNICATIONS WITH YOUR SERVICE PROVIDERS

The SLD is also sharing this FRN information with service providers whose SPINs are listed on Form 471 applications. This information is provided so that service providers can undertake the preparatory steps of identifying their potential customers for whom discounts may be issued. NO DISCOUNTS will be provided until after:

- the SLD issues the FCDL for a particular application; AND
- technology plans, if applicable, have been approved; AND
- the applicant submits a Form 486 with a valid service start date.

The SLD encourages Form 471 applicants to contact their service providers to inform the service providers of the funding requests submitted to the SLD. Service providers may request additional information concerning the specific services contained within each funding request in order to facilitate discounted billing, if that is the billing arrangement requested by the applicant.

If the interim SPIN (#143999999) is featured on a funding request, the SLD has not been informed of the correct SPIN for the service provider associated with that Block 5 funding request. The SLD WILL NOT commit funds on such requests until we are notified of the correct SPIN. You can contact your service provider to obtain your service provider's SPIN, or you may search for the SPIN by using the SPIN Search tool under the Tools menu on our web site. Once you have obtained the correct SPIN, use the guidance in the "ALLOWABLE CORRECTIONS USING THE RAL" section of this letter to notify the SLD of the correct SPIN. If your service provider has not been issued a SPIN, ask the service provider to review the information for obtaining a SPIN on our web site or to contact the USAC Customer Resource Center toll-free at 1-888-637-6226.

#### EXPLANATION OF FORM 471 RAL BLOCK 5 FUNDING REQUESTS REPORT

Certain information from each Block 5 Funding Request of Form 471 Application Number 464845 that passed Minimum Processing Standards and that could be entered into our



data system is shown in the attached "Form 471 RAL Block 5 Funding Requests Report." There are seven important components of information shown for each Block 5 Funding Request:

- FRN (Funding Request Number): The unique number assigned by the SLD to each Block 5 of your Form 471 once it has been data entered. This number is used to report to applicants and service providers the status of individual Block 5 Discount Funding Requests submitted on a Form 471.
- SPIN (Service Provider Identification Number): The unique number assigned by USAC to the service provider you identified as providing the service included in this FRN.
  - If you did not supply a valid SPIN with your Form 471, you will be required to do so before a funding commitment can be issued. (See F. CORRECTION OF AN INTERIM SPIN (143999999) OR INCORRECT SPIN above.)
- Service Provider Name: The name of the service provider that you identified as providing the service included in this FRN.
- Category of Service: The type of service for which you have requested discounts in each Block 5 funding request. The categories of services are Telecommunications Services, Internet Access, Internal Connections Other than Basic Maintenance, and Basic Maintenance of Internal Connections.
- Site Identifier: This will only appear if an Entity Number was provided in Block 5, Item 22a for site-specific services described in this FRN.
- Pre-discount Amount: The total annual pre-discount cost for each FRN. This amount is taken from Block 5, Item 23I.
- Discount Percentage: The discount percentage from Block 5, Item 23J.

If you would like to view additional funding request data, click the "Data Requests" button on the web site and follow the instructions provided. If you would like to view your entire Form 471 application, click the "Display" button in the Apply Online Area of the web site and enter your Form 471 Application Number. Use the print feature on your browser to print any portion of your Form 471 or the entire application as displayed.

Schools and Libraries Division  
Universal Service Administrative Company